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OF
PRACTICAL MEDICINE AND SURGERY

FOR THE USE OF MEDICAL PRACTITIONERS

FOUNDED BY

LUCAS-CHAMPIONNIÈRE, M. D.

H. CHAILLOU, M. D.

CHIEF EDITOR.

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By D. Mc CARTHY, M. D. and A. SPIERS, Ph. D.

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1860.

CHAMPIONNIÈRE'S JOURNAL OF PRACTICAL MEDICINE AND SURGERY

H. CHAILLOU, M. D., EDITOR.

This Journal is essentially practical.

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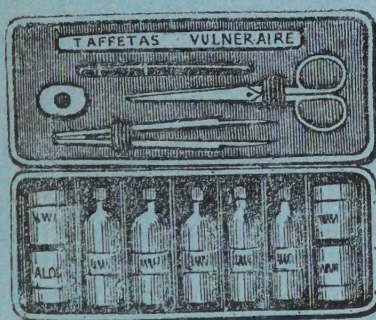
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MIALHE, Fellow of the Faculty of Medicine of Paris, Apothecary of the Emperor, etc.
(*Applications of Chemistry to Therapeutics*, 1856, p. 319.)

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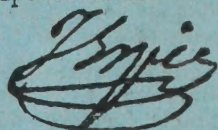
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ART. 5850:

Therapeutic action of sesqui-chloride of iron. — Origin of cow-pox. — Foreign bodies in the bladder. — Curious case of simulated calculus.

We insert in its usual place Mr. Devergie's interesting report to the Academy of Medicine on Mr. Pize of Montélimart's paper entitled : *On the use of sesqui-chloride of iron in the treatment of purpura hæmorrhagica, and on its sedative action on the heart.* Since Pravaz applied, in 1853, the sesqui-chloride of iron to the treatment of aneurism, there has been a tendency to restore to this medicine the immense reputation it had acquired in the early part of the last century, in Russia first under the name of *Bestucheff's tincture*, and in France under that of *goutte d'or du Général Lamotte* (Gen. Lamotte's golden drop). But whereas, at that period, its reputation was increasing under the auspices of the unknown and the marvelous, this substance is at present perfectly defined, and its formula, published in 1809 in the *Journal de Pharmacie* by Trommsdorff, was popularized in 1836 by Soubeiran, who inscribed it in the codex.

Among the practitioners who have sought to extend the use of sesqui-chloride of iron by applying it to the treatment of internal diseases, special mention should be made of Messrs. Deleau, Blache, Pize, and Thierry. Mr. Pize, according to Mr. Devergie, was the first who, in 1858, pointed out the advantages of sesqui-chloride of iron in the treatment of *purpura hæmorrhagica*, and called attention to the sedative action of this remedy on the heart, evidenced by the diminution of the frequency of the pulse. Mr. Pize now reverts to the subject, and his memoir is composed of two quite distinct parts, one relating to the exposition of practical facts, the other to the mode of action of sesqui-chloride of iron on the system, in disease. Mr. Devergie, following the author into the arena of medical philosophy, prepared the way for the discussion of one of the most difficult problems of therapeutics, viz. the determination of the mode of action of medicines. This

discussion is not yet concluded, and we refrain from any remarks for the present. Mr. Trousseau's speech will be read with gratification; never was the orator more brilliant than in this contest between the chemical and dynamical doctrines, between rationalism and logical empiricism.

— Descending from the heights at which questions of doctrine are mooted, the Academy received some communications of a more practical interest. Mr. Depaul read, on the obliteration of the cervix uteri during gestation, a paper, the analysis of which will be found in our next number.

Mr. Renault announced to the Academy that experiments have been instituted at Toulouse, under the direction of Mr. Lafosse, Clinical Professor at the Veterinary School, the result of which has been that inoculation of the pus of *swollen legs* from a mare to a heifer, gave rise to the development of legitimate cow-pox, and that this matter, inoculated in children, induced a decided vaccinal eruption.

Mr. Fontan addressed on the 24th May the following communication to the *Union médicale* on the same subject :

“ Some weeks since, Mr. Sarrans, of Rieumes, observed that several mares, brought back a second or third time to his stables had *swollen legs*. The disease seemed to be epidemic; for he numbered near a hundred cases. This variety of swollen legs is that which assumes the pustular form.

“ One of the mares was taken to Toulouse, to the Veterinary School; the learned professor, Mr. Lafosse, soon recognized the true character of the epidemic.

“ He inoculated some of the contents of these pustules on the udder of a cow two years old, in presence of the second head-professor and of several students; soon after, fine pustules broke out on the cow's udder.

“ One of the most honourable and eminent physicians of Toulouse, Mr. Cayrel Jr., the official vaccinator of the town, inoculated with the matter from the cow's pustules several children, who had not yet been vaccinated. Fine pustules came out with their nacreous brilliancy, their central depression and their roseate areola, which daily increased without any sign of erysipelatous inflammation.

“ A second cow was likewise inoculated with the pus of the first, and children were subsequently vaccinated with the secretion from the second cow, the pustules proving as fine as in the former experiment.

“ We have now reached the period of the fourth vaccination from the

first cow and the third from the second cow. I witnessed this vaccination; the pustules were very fine; one of these was photographed in my presence and the attempt succeeded pretty well; it presented the character of the finest pustule of vaccine, did not yield any pus at first, but gradually supplied an abundant serous liquid, which ran a very long time and permitted the vaccination of several children.

“ This pus is very active and has taken in a pupil of the veterinary school, already vaccinated in his infancy, and in whom all vaccine virus had failed.

“ I saw a pustule in a child, proceeding from this pupil's virus, which was finer and more developed than three other pustules proceeding from ordinary vaccine-matter inoculated in the same child. (Doubtless both inoculations were performed simultaneously.)

“ More than thirty children have been already vaccinated at Toulouse; not one was ill, and the vaccination was perfectly successful in all.

Dr. Izarié, formerly a vaccinator of an arrondissement in Paris, was so much struck with the appearance of these pustules that he this morning had his son revaccinated with the virus of one of the children.

“ An official commission has been appointed by the Prefect to superintend the experiments. A report will subsequently be made and shall be duly communicated to you. ”

Mr. Renault read a letter from Mr. Lafosse, in which is described the disease of the mare, which supplied the matter of the first inoculation, a disease the identity of which with swollen legs does not appear to be completely established in the estimation of the learned Professor of Alfort. Mr. Leblanc confirmed the doubt expressed by Mr. Renault, and his authority in this circumstance was so much the greater, that the honourable Academician came up from Toulouse for the very purpose of ascertaining the accuracy of the facts announced by Mr. Lafosse. Now Mr. Leblanc asserts that, in his eyes, the disease with which the mare was attacked was very different from swollen legs, but that the reproduction of cow-pox, after the inoculation of the secretion in this malady, is incontestable. An inquiry is instituted with a view to dispelling all confusion in that respect. Let us hope it will remove the veil which still conceals the origin of vaccination. But after all, it is unimportant whether the disease generative of cow-pox is a *vesicular* or *pustular* affection. What most interests humanity is that the source of the vaccine-matter be sufficiently characterized for all to recognize it, and to derive from it a protective virus of constant energy.

— At the same meeting, Mr. Civiale brought under the notice of his colleagues a curious case, observed in his wards of the Hôpital Necker, which afforded him an opportunity of making some remarks on the origin and treatment of certain vesical calculi.

On the 26th September 1859, a woman, aged 49, suddenly experienced exquisite pain originating in the presence of a calculus in the urethra; this concretion was crushed, and partly extracted, the remaining fragments being expelled with the urine. A month after, the same sudden pains recurred, occasioned by retention of urine, which was produced by a tuft of hairs agglomerated and united by a soft substance, forming a flat mass of $\frac{3}{5}$ inch in diameter, and rather more than $\frac{1}{4}$ inch in thickness, covered with an earthy crust. A fortnight after, the permanent symptoms of stone were present, and in the space of a few weeks they increased to such a degree, that life became insupportable. Admitted into hospital on the 28th April last, the woman, already exhausted by pain and sleeplessness, underwent an operation on the 3rd May following. A large and friable stone was seized and crushed; but in closing the lithoclast to withdraw the calculus, Mr. Civiale observed a larger and more resistant body, which he did not attempt to pulverize. Having ascertained that it did not project beyond the instrument so as to injure the duct, he easily extracted the substance, which proved to be a small human tooth. No accident ensued, and many fragments of calculus were subsequently expelled. On the 8th May, large fragments presented themselves at the internal orifice of the urethra, and were extracted. On the 16th, two other teeth were withdrawn with a large amount of stony concretions. On the 14th, the excretion of water was painful; Mr. Civiale removed, with a peculiar lithoclast, a portion of bone, another tooth and a mass of stony fragments, which, by its volume, would have been alarming, were not the dilatibility of the female urethra so well known. From that time, the pains ceased, and the patient's health has been restored with extraordinary promptitude.

Mr. Robin examined the bones, hair and teeth extracted from this woman's bladder, and he recognized that they

were the remnants of a foetus proceeding from a cyst in communication with the urinary reservoir.

In other cases, hair found in the bladder comes from the pubes and has ascended through the urethra. Mr. Civiale performed operations on eleven patients, in whose bladder were found pieces of straw and grass, peas, kidney-beans, barbs of corn, cotton, etc. The most curious of these cases refers to a man, with a large calculus, which had formed around a medallion an inch long and $\frac{1}{2}$ inch broad. This man informed Mr. Civiale that, being intoxicated, he had fallen asleep near a wash-house, and that the laundresses had introduced into his urethra the medallion which one of them wore. The skilful surgeon remarked that when a foreign body has remained any time in the bladder, the urine instantly presents a predominance of phosphatic salts, a circumstance which explains the rapid formation of the calculous shell which envelopes the extraneous substance.

In all cases of the kind, lithotrity is the only rational method of treatment; but its application requires much precaution, careful tentatives, and sometimes peculiar instruments. Mr. Civiale was compelled to resort to many successive attempts, in the case of a patient who had inserted into his bladder the handle of a brush three inches long, and to divide this body he was obliged to use a lithoclast, with sharp blades like those of pruning-shears. In another instance, in which the body introduced was the glass tube of a thermometer, the tube was seized by one of its ends, but it broke, and Mr. Civiale, after having extracted a fragment one inch long, was obliged to remove in succession sixteen distinct pieces proceeding from the broken portion.

— It will be readily understood that most persons, belonging to the category we have just described, are disposed to conceal the presence of a concretion which betrays their vicious practices; but instances of dissimulation of a calculous affection must be very rare, and in this respect, the following case, which Mr. Nélaton lately related at his clinical conferences, appears to us both instructive and eccentric :

A boy from ten to twelve years of age, in the apparent enjoyment of good health, complained of vague intra-articular pains. His medical adviser, a very enlightened man, believed however his statements, and instituted various medications which proved unavailing. The child continued to complain, but nothing could be detected of a nature to justify his affirmations. The physician then suspected the presence of gouty arthralgic diathesis; he analyzed the urine, which was of a higher specific weight than in health and contained uric acid. The child was placed under the influence of alkaline treatment, and every day concretions were expelled from the urethra, and collected with scrupulous care by the patient's mother. Mr. Nélaton exhibited these substances to his auditory. They were of all shapes and all origin, pieces of ashlar, mortar, silex, river-sand, but in no wise did they resemble calculi.

This would assuredly appear an inexplicable and impossible fraud on the part of a lad of eleven. Nevertheless, he had contrived, every now and then, to introduce into the urethra one of those fragments, and he called his mother to see them issue with the urine. All the persons around the alleged patient believed and still believe in his candour and in the virtue of lithontriptics. Mr. Nélaton respected this belief, but he made a memorandum of the case, to illustrate the importance of the practitioner being on his guard against similar attempts at imposition.

ART. 5851.

HOTEL-DIEU.

(Wards of Dr. Aran, Clinical Professor pro. tem.)

Remarks on Diabetes mellitus.

In Saint-Antoine ward, we noticed a woman, aged forty-six, who, eight months ago, observed on her linen and upon her shoes whitish stains, in which Dr. Béhier, a physician of the hospitals of Paris, detected the presence of diabetic sugar. In this case, the disease had originated twenty-two months previously. At that pe-

riod the patient experienced a burning thirst, particularly at night. She was in the habit of drinking as much as fifteen quarts of water in the course of the day, and a quantity of urine, at least equivalent, was passed in the twenty-four hours, a fact illustrative of Thénard's remark that in diabetes the quantity of urine secreted by the kidneys is generally superior to that of the fluids ingested into the stomach. The patient moreover had lost all taste for food, as it most commonly happens, although the contrary has been asserted; under the influence of the treatment instituted by Mr. Béhier, the appetite had improved, and she was in other respects progressing satisfactorily, when she became affected with cough, expectoration of greyish sputa, oppression, and præcordial anguish extending to the throat, but without the propagation of pain to the left arm, peculiar to angina pectoris. On auscultation, the signs of incipient pulmonary tuberculosis were detected, a complication frequently met with in diabetes. The thoracic symptoms, for which the patient had been admitted into the Hôtel-Dieu, speedily yielded to appropriate measures, diabetes remaining to be contended with, and towards this complaint the attention of the Professor was exclusively directed.

Other signs in addition to excessive thirst, and polyuria, point to the probable existence of diabetes mellitus. We may mention, for instance, the acid condition of the salivary secretion, a circumstance noticed by Mr. Mialhe, and the significance of which was fully confirmed in the present instance. On one occasion, by this single symptom, Mr. Mialhe was led to the discovery of diabetes in a person who was entirely ignorant of his condition. The best guide of diagnosis, however, is the examination of the urine. In health, this secretion presents a specific gravity varying between 1017 and 1020, and when its weight is found to exceed 1040, the presence of glucose may be strongly suspected. In the case alluded to above, the urinometer marked 1033.34. As to the actual detection of glucose, it is most commonly effected with Bareswill's solution, a very delicate and satisfactory test, when added to the urine in the proportion of 2 to 1, and when the absence of albumen has previously been ascertained. In his pa-

tient, Mr. Aran found $9 \frac{1}{2}$ drachms of sugar for 32 ounces of urine.

The functional disturbances arising from diabetes mellitus are well known, although both physicians and chemists remain in doubt as to their causes and seat. Mr. Bouchardat considers diabetes to originate in a morbid change in the digestion and assimilation of farinaceous substances, while Mr. Bernard refers it to a peculiar lesion of the nervous system. Mr. Alvaro Reynoso ascribes the disease to the imperfect combustion of glucose, from improper accomplishment of the respiratory functions; in Mr. Mialhe's opinion, diabetes is caused by the insufficiently alkaline condition of the fluids of the system, hence inadequate assimilation of glucose. Whatever be the respective value of these theories, Mr. Aran conceives that both Mr. Bouchardat and Mr. Mialhe have rendered signal service to the treatment of the malady, the former in pointing out the injurious effects of farinaceous nutriment, the latter in recommending the use of alkaline remedies. The history of the patient who suggested the present remarks, is confirmative of Mr. Bouchardat's theory. She chiefly fed on farinaceous substances; after consulting Mr. Béhier, she restricted herself almost entirely to azotized food, and under the influence of this change, the amount of urine excreted fell from 15 to 11 quarts, and subsequently after a spontaneous attack of diarrhœa, by which this quantity was further reduced to 6 and even to 5 quarts in the day; she also derived considerable benefit from repeated doses of aperient medicine, and after four month's treatment she seemed restored to health. She then, however, returned to her previous regimen, and diabetes has reappeared in consequence of indulgence in the forbidden articles of diet.

Diabetes has ceased to be a serious malady. For the last twenty years, Mr. Mialhe has attended patients affected with glucosuria, who may still continue to live long. It is, however, a cause of emaciation. Mr. Aran's patient, while in health, weighed a little above 15 st., and now she weighs but $9 \frac{1}{4}$ st. On a former occasion, when descanting on the utility of the ophthalmoscope, we mentioned the disturbances of vision, to which diabetes

gives rise (Art. 5329). It is therefore a complaint which should be treated, and although Mr. Aran is inclined to think it is not one which can be radically cured, still he doubts not that diabetic subjects, provided their constitution has not been too deeply injured, may, by proper care, ward off its fatal tendencies.

For this purpose, the action of the skin must be solicited by violent exercise, vapour baths, and flannel garments. The food should be highly azotized, and bicarbonate of soda be exhibited in accordance with Mr. Mialhe's views. Mr. Aran does not venture on any rational explanation of the *modus operandi* of this system of treatment: the chemical data on which it rests may be correct or incorrect, but the results are manifest, and it is not without reason that Vichy is crowded with patients afflicted with diabetes. In the case of the patient lying at present in the wards of the Hôtel-Dieu, the daily prescription is the following :

One ounce of bicarbonate of soda to be taken in the drinks.

Claret, 16 ounces.

Bark-wine, 3 $\frac{1}{2}$ ounces.

Full-diet of meat, equivalent to about 24 or 26 ounces of animal food.

A vapour bath, followed by cold affusion.

Spa-water at meals.

4 quarts of the usual diet-drink (1).

(1) The quantity of bicarbonate of soda mentioned above is the average amount exhibited. Mr. Mialhe begins with 1 $\frac{1}{2}$ dr. in three doses, one in the morning, one at noon, and one at night. After two days, he increases the dose by 15 grains, and gradually augments it to 3, 4, 5, 8, 10, and 15 drachms.

With regard to the dietary which, in this instance, is of paramount importance, Mr. Mialhe remarks that the azotized diet can only be looked upon in the light of a palliative treatment, and that the primary cause of the evil can only be mastered by the simultaneous use of diaphoretics (such as vapour-baths, flannel, frictions, exercise) and of alkaline preparations; farinaceous food, strictly prohibited at first, in order to allow the system to disencumber itself of the superabundant sugar, may afterwards be resumed in moderation, in order that the organs may gradually acquire the power of assimilating fecula under the influence of the alkaline

ART. 5852.

HOTEL-DIEU.

(Professor Jobert de Lamballe's wards.)

Secondary union of wounds. — Cyst of the vagina treated by puncture and iodine injections. — Prescription for ocular congestion.

In addition to the two universally admitted modes of cicatrization, viz. *union by the first intention* and *granulation*, Mr. Jobert describes a third form, which he denominates *secondary*. A few cases, observed in this eminent Professor's clinical wards, will sufficiently illustrate his meaning.

A *commissionaire*, in a fall upon an angular stone, inflicted upon himself a wound which divided the upper lip from its edge to the nostril. The lip, entirely cut through, formed two separate flaps, which a surgeon, summoned at the time of the occurrence, joined by a few stitches of interrupted suture; but after a lapse of ten days the edges of the division were found to have been lacerated by the threads, and when the patient applied for admission into hospital, the lip was œdematous, painful, and the wound was covered with a greyish plastic exsudation. In this case, Mr. Jobert preferred resorting at once to the appli-

remedies, in the same manner as in health. It is, of course, quite true that, by the complete interdiction of substances containing fecula, glucose ceases to be formed, and that its presence can no longer be detected in the urine; but how is the place of this article of diet to be supplied? The exclusive use of animal food, after a time, leads to the presence in the system of an undue amount of acids. Fatty matter alone is insufficient to support life; gluten-bread is soon distasteful to the patients. Mr. Mialhe does not therefore consider it judicious to prohibit absolutely the use of bread, of farinaceous food, and more especially of vegetables. The diet must be varied, and wine, coffee, bitter drinks should be prescribed, all sweet substances being however strictly forbidden.

It is needless to add that Mr. Mialhe lays the greatest stress on the necessity of sending the patients to Vichy, for one or several successive seasons.

H. C.

cation of a fresh suture, to awaiting the slower process of granulation. Considering it unnecessary previously to pare the edges of the wound, the surgeon brought them into close apposition with two twisted sutures, and a linear scar has been the result.

The second instance of secondary union pointed out by Mr. Jobert was a case of phlegmon of the bursa which lies in front of the patella, and of the inner side of the knee, occasioned by a fall. An abscess, which had formed in the bursa, was opened, but despite this operation; inflammation had spread to the adjoining parts, giving rise to diffused suppuration, for which a deep incision became necessary. The cavity containing no shreds of mortified cellular tissue, and being carefully cleansed of its puriform contents, Mr. Jobert considered it possible to shorten the duration of the disease, and to prevent further separation of textures, by the combination of pressure with artificial closing of the wound. The knee was therefore surrounded by imbricated straps of adhesive plaster, and in a few days the proposed object was satisfactorily effected.

A third equally rapid cure, by the same method, followed in another case of diffused suppuration of the lower and internal part of the thigh. A wide issue was given to the matter, and here again Mr. Jobert ascertained that no portion of mortified cellular tissue remained. Having satisfied himself on this all-important point, he united the lips of the incision, and the desired result was obtained.

These facts demonstrate the possibility of the secondary cicatrization of wounds in which, from hemorrhage, oozing of blood, or any other cause, it may not have been practicable to effect immediate adhesion. It is sufficient, as in Mr. Jobert's cases, to insert lint into the wound, so as to dessicate its cavity, to withdraw it on the following day, and to close the lips of the incision in the same manner as in the simplest accidental injuries. In extensively diffused suppuration, this method preserves the patient from a formidable cause of exhaustion; but it can be effectively applied only by the removal from the cavity of all mortified shreds of cellular tissue. It is further requisite that the pyogenic membrane formed by the effusion of lymph on the surface of the wound be red, vascular, with scarcely

a greyish tinge, as it then may still supply the elements of a solid scar. Secondary union must fail if this membrane is ancient, or, to speak more correctly, if its vessels have ceased to exist. With regard to the means of union most appropriate, they consist, as in immediate union, of the twisted suture, provided no excessive swelling or attenuation of the textures be present, and if such be the case, of strips of adhesive plaster. It is moreover necessary, and Mr. Jobert considers this recommendation indispensable for ultimate success, to combine permanent dressings with absolute immobility of the diseased parts.

— We noticed in the Salle St. Maurice a woman suffering simultaneously from cancer of the womb, and from a cyst in the vagina. The latter was situate at about two inches from the vulvar aperture, on the right side of the duct. On parting the labia, a prominence was discernible, of a regular spherical shape, of a dull white colour, pedicellated, moveable, fluctuating, and equal in size to a small pigeon's egg. Pressure caused no dispersion of its contents, and a catheter inserted into the bladder could not thence be introduced into its cavity. The growth could not, therefore, be mistaken for an appendage of the bladder, for cystocele, neither was it connected with the rectum. It was independent of both these viscera, and constituted a distinct tumour of the nature of serous cysts.

Mr. Jobert differs in opinion from those who consider these tumours as originating, like ranula unconnected with the salivary ducts, in the mucous membrane. He conceives that their seat is deeper, and that they may even arise beyond the vaginal parietes, which they gradually press outward, and which then becomes their external envelope. It is further worthy of remark that they are found invariably in the inferior half of the vagina.

On a former occasion, Mr. Jobert attended for a similar disease a German lady, and after a consultation which he demanded, excision was resolved upon. The operation was performed with the most minute caution, but hemorrhage, for which pressure was unavailingly resorted to, nevertheless supervened. The hemostatic virtues of the sesqui-

chloride of iron were at that period unknown, and the loss of blood was checked at last by the actual cautery. The late Professor Auguste Bérard very nearly lost a patient from the same cause. Excision must, therefore, not be attempted. Puncture and the iodine injection are unquestionably now the safest method of treatment.

The operation is of the simplest. In the present instance, Mr. Jobert having secured the cyst with a forceps, inserted a trochar, removed a transparent ropy fluid, and injected undiluted tincture of iodine. A single injection has sometimes been found sufficient by Mr. Jobert to effect a cure. But a second and even a third may be necessary. Should, however, this remedy fail, the actual cautery may be resorted to, a powerful, though a much dreaded instrument; its application, with an ivory speculum, destroys, without serious risk, the membrane of the cyst, and effects with certainty the requisite object.

— A woman, affected with a very common disease, was admitted into the same ward. The menses have decreased in abundance of late years, and she suffers from giddiness, and numbness of the extremities. A sense of general discomfort is also experienced, but what chiefly alarms her is a certain amount of disturbance of vision. She complains of flashes of light and of photophobia. The conjunctiva on both sides is red and turgid, without acute pain, or any mucous or puriform secretion. This condition is not genuine inflammation; conjunctivitis usually occupies but one eye at a time, and gives rise to a morbid secretion. Nothing of the kind is observable in the present instance, the case is one of mere congestion, and of undue distension of the local blood-vessels; if, however, this obstructed state of the circulation were to become permanent, it would shortly acquire an inflammatory character, and it is, therefore, urgent to interfere.

In cases of this description a method which is constantly successful consists in venesection, followed by a sharp aperient and the use of an astringent lotion. The prescription in this instance was the following:

Bleeding, to the extent of 8 ounces ; sulphate of soda
1 ounce , to be taken in veal-broth, and a collyrium with

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| Aq. Rosæ | } aa 2 oz. |
| Aq. musæ sapientum | |
| Zinci sulphatis | 1 gr. |

ART. 5853.

HOSPITAL OF THE SCHOOL OF MEDICINE.

(Mr. Nélaton's wards.)

*Deformation of the shoulder caused by atrophy of the
humerus. Peri-articular pains ; cauterization in dots.*

A young woman was admitted into the wards for a painful disease affecting the shoulder and arm , which she stated to have commenced several months previously. The shape of the shoulder was much altered : instead of its usual rounded outline, it presented the sharp angular aspect peculiar to dislocation. Observed at first, and at a certain distance, the appearance of the joint suggested the idea of displacement of the bones, the large tuberosity of the humerus, which usually projects beyond the acromion, appearing to have sunk, and the acromion forming the most prominent part of the joint, to which it imparted a square aspect. No osseous protuberance was perceptible below the acromion, the head of the humerus was deeply seated, but not dislocated. This condition would have been perfectly inexplicable if the patient's first account was to be credited, but on further interrogation, she acknowledged that the deformation of the shoulder began more than ten years ago, a declaration which at once threw light on the obscure parts of the case. A pain had in this instance existed in the joint, hence atrophy, not only of the muscles, but likewise of the bones, had followed protracted inactivity of the limb. A further proof of the atrophied state of the head of the bone was supplied by examination of its other parts, which were found to be much attenuated, the shaft being an inch and a half shorter than that of the os humeri on the healthy side. The fact that the head had shared the

deterioration of the diaphysis ceased therefore to occasion any surprise.

The shoulder-joint, as will readily be conceived, was ankylosed, but the fact was discernible but on close examination, on account of the great looseness of the scapular and sternal articulations with the clavicle, which allowed of considerable mobility. Rotation of the bone only was difficult, a circumstance which indicated if not immoveable ankylosis, at least tough fibrous attachments. This is a point of some importance, not, it is true, in the present case, in which the movements of the bones were impeded by adhesions of too ancient and too solid a character, but in an ankylosis of two or three months' date, as may be observed in gonorrhœal rheumatism; if the surgeon is not forewarned of the possible consequences of the disease, he may allow it to progress unchecked, and at a later period all attempts at rupture of the adhesions will be without success, although not without danger.

In the present case the ankylosis was complicated by subacute inflammation of the textures surrounding the joint. This is the morbid process which appears, from the patient's statements, to have lasted four months, and the persistency or aggravation of which induced her to enter the ward. The case appears to M. Nélaton one in which cauterization in dots is likely to prove beneficial, this mode of applying counter-irritation producing in many instances the most remarkable and advantageous results. In chronic arthritis, in arthralgia, partial paralysis, etc., M. Jules Guérin obtains from this procedure most satisfactory effects. In analogous cases, M. Nélaton has also derived from it great benefit, and he institutes the little operation as follows :

The instrument he prefers is the bulb-shaped cautery, which preserves its heat a longer time than the iron wire bent at right angles, or the curtain-rod adopted for the purpose by M. Guérin. Whatever be the instrument chosen, it should be heated to white-heat, and the surface of the skin, corresponding to the diseased joint, should be lightly struck 50, 100, or even 200 times, with the apex of the cautery. This operation produces so trifling an amount of pain that M. Nélaton has seen a boy apply it

to himself; soon after, however, the skin reddens and swells, these symptoms disappearing in the course of twenty-four hours, when naught remains but minute and superficial eschars, which become detached after ten days, without suppuration and without leaving any perceptible trace. The remedy may be resorted to a second time, or oftener, and in many instances this method, the advantages of which are not sufficiently appreciated in general, is productive of more satisfactory results than could well have been expected from so apparently insignificant a procedure.

MEDICAL CORRESPONDENCE.

ART. 5854. ON THE USE OF ESCHAROTICS IN THE TREATMENT OF POLYPI OF THE EAR. — I have read with much interest in the *Journal of Practical Medicine and Surgery* (Art. 5801) the remarks on polypi of the ear, which fell from Mr. Nélaton in one of his clinical lectures. The definition of these morbid productions supplied by your contributor, is similar to that which I was the first to bring forward in my *Treatise on diseases of the ear* published in 1857. I there demonstrated by clinical and anatomical research, that polypi of the ear materially differ from all others, and especially from polypi of the nose, to which they have frequently been assimilated; I likewise showed that these *fleshy excrescences* generally originate on the mucous membrane of the drum, as consequences of abscesses or puriform discharges which have destroyed or perforated the membrana tympani. Hitherto, at least, I have never met with a single instance of the disease, even in its incipient stage, in which this membrane was not more or less injured.

A thesis on this subject, defended on the 23d of January 1858 by one of my pupils, may be adduced as evidence that I have long since recommended chloride of zinc in the treatment of this disease. I should however state that I invariably employ the fluid chloride, the action of which is instantaneous, and may be limited at the pleasure of the operator. Although not in possession, from personal observation, of any facts unfavourable to the use of the *pâte de Canquoin*, from analogy I am disposed to think that it must be dangerous, especially in patients not constantly watched as in hospitals, to leave for twenty-four hours in the auditory duct a fragment of a substance, the destructive action of which may extend beyond the parts doomed by the surgeon to mortification. It is alleged, it is true, in defence of this practice, that the *pâte de Canquoin* has the privilege of acting on bleeding or mucous surfaces only, and not on membranes provided with an epidermic covering: this advantage ap-

pears to me illusory. The discharge which accompanies, nay which always precedes, the formation of polypi in the ear destroys the epithelium of the auditory duct, thus placing the lining of that cavity in the same anatomical condition as mucous or bleeding surfaces, and rendering it liable to suffer in its entire extent from contact with the escharotic. The following is the procedure I have adopted :

I tear away the polypus, in the first place, an operation less painful than is usually supposed, and which is, in my opinion, absolutely indispensable, when the growth has acquired, as I have shown in several drawings, a length of 12 or 15 lines. This preliminary procedure being accomplished, I apply the fluid chloride of zinc, or powdered sulphate of copper which I have found even more effective. With a painting brush, I apply one or the other of the above escharotics to the spot on which the polypus was inserted, an operation which I repeat every day or every other day. I have now resorted to this method in upwards of sixty cases, and I have never met with an instance in which it failed to answer its purpose. I should not omit to say, that from the statistics contained in my work, and which, at the period of its publication, bore on 37 cases, the average duration of the treatment, for a *radical cure*, is four months.

Professor Nélaton has, therefore, been singularly fortunate if he effected a complete cure of his patient in a fortnight with two cauterizations. In order, however, to be quite certain that so desirable a result was really obtained, I am inclined to think it would have been necessary to watch the patient for some time further; the case indeed is so exceptional that the accuracy of the alleged cure may be doubted, particularly as the patient, when discharged, still presented an *insignificant* oozing from the ear. Now, I have had many opportunities of observing that the continuance of the most trifling morbid secretion from the ear, after the apparent destruction of these polypi, is quite sufficient to explain their speedy return.

TRIQUET, M. D.

ART. 5855. INCARCERATED HERNIA. DR. NEWBOLD'S ENEMA. THE INFUSION OF COFFEE. PRONE ATTITUDE. — The readers of the *Journal of Practical Medicine and Surgery* will perhaps not read without interest the result I obtained in three cases of incarcerated hernia, by the adoption of the treatment recommended by Dr. Newbold. This gentleman's method consists in the administration, every two hours, of the following enema :

R. Liq. plumbi diacetatis. . . 6 $\frac{1}{2}$ gr.
 Aquæ destill. tepidæ 10 oz.
 Acid. acet. diluti. 2 dr.

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M. Newbold remarks that he has exhibited as many as four or five such

injections without injury to the patient, and always, on the contrary, with so much benefit, that he does not doubt that it may render the cutting operation unnecessary in most instances. A perusal of the following short account of the cases in which I have resorted to this system, will show that in the first instance, on account of the urgency of the symptoms, I deviated from the rule laid down by Mr. Newbold, relative to the intervals between the enemas, a conduct I had no reason to repent of.

Case I. A man, aged 60, had for 24 hours suffered from palpable strangulated hernia. A surgeon had vainly endeavoured to reduce the tumour, and the symptoms were rapidly becoming more and more distressing. Having been summoned to attend the case, I resorted for the first time to the treatment described above, and as the taxis had been productive of excruciating pain, I caused the injections to be performed every twenty minutes in order to hasten the result. Three or four minutes after the exhibition of the third enema, the bowels acted with violence, and very gentle pressure upon the tumour caused it to return instantaneously into the abdomen.

Case II. A man with strangulated inguinal hernia was brought to me in a most melancholy condition. The same treatment was adopted with the same happy issue.

Case III. A man aged fifty, who, for five hours, was suffering from strangulated hernia, had attempted himself to reduce the tumour as usual, and after fruitless endeavours sought relief at my hands. One enema brought on the sudden retrocession of the extruded intestine and relieved him from his sufferings. (1)

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Staff and Admiralty Surgeon. Seagate. Dundee.

(1) We may add to the communication of our learned correspondent the history of another case of strangulated hernia cured by the exhibition of coffee, and also the description of a procedure recommended by Dr. Richardson.

A regimental surgeon, Mr. Verbist, relates in the *Archives Belges de Médecine militaire*, that having been summoned to a woman living at Ostend, who suffered from strangulated crural hernia, he unavailingly resorted for thirty-six hours to all the various means of reduction, usually adopted in similar cases. Despairing of success by these methods, Dr. Verbist and Dr. Verhaeghe were on the point of proceeding to the operation, when it occurred to Mr. Verbist to try a strong infusion of coffee, while preparations were being made for more active surgical interference.

He caused three large bowlsful of boiling water to be poured over an equal quantity of ground coffee, in order to obtain an infusion by displace-

SCIENTIFIC MISCELLANEA.

ART. 5856. EXHIBITION OF FEBRIFUGE MEDICINES TO CHILDREN.

— Although in a well-conducted hospital for Infancy the nurses generally succeed, by dint of patience and dexterity, in exhibiting these medicines to children, it is not always an easy matter to do so in private practice, especially in the country, where the physician has not only to contend with the fractiousness of the children, but also with the stolidity of the parents. All practitioners are aware how much the bitterness of sulphate of quinine stands in the way of its administration in some cases. It may not, therefore, be inopportune, at a period when we may soon expect the reappearance of intermittent fevers, to glance at the most proper means of exhibition to children of active febrifuge compounds, such as preparations of cinchona and arsenic.

In a recent treatise on *Quinic frictions in Infancy* (1), Dr. Semanas, of Lyons, again brings forward the iatroleptic method of exhibition of sulphate of quinine. The author uses Mr. Boudin's formula, with modifications as to the amount of quinine, an important consideration in the use of so expensive a remedial agent, and likewise as to the quantity of acid necessary to secure the perfect dissolution of the salt. He uses two varieties of ointment which he designates by the names of the common, and the strong pomade. The former consists of :

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| R. Quinæ sulphatis. | 30 gr. |
| Alcohol. | Q. S. |
| Acid. sulphur. | 1 minim. |
| Adipis | 5 dr. |

Dissolve the quinine in a few drops of the spirit, and incorporate the

ment. This quantity was taken as warm as possible in three doses, at ten minutes' interval. After the third dose, borborygms occurred, and were soon followed by a copious motion. The hernia was reduced, and at the time appointed for the operation, the surgeons were enabled to declare to the patient and her friends that all danger had passed.

The *Cincinnati Lancet and Observer* informs us that Mr. Richardson's procedure consists in placing the subject in a prone attitude, resting on the knees and elbows, and to perform the taxis in this position, the patient being at the same time recommended to make a strong bearing down effort.

H. C.

(1) 8vo. J. B. Baillière.

solution with the lard. The stronger ointment contains one drachm of quinine.

Mr. Semanas attaches much importance to the manner in which these frictions are performed; the pulp of the index-finger of either hand, according to the side on which the operator stands, bearing the size of a hazelnut of the pomade for each friction, should be in succession placed in each axilla and in the inguinal fold, and rub in the ointment for the space of one minute. In order to secure a sufficiently prolonged contact of the remedy with the skin, cushions adapted to the shape of the part should be placed in the arm-pits, and for the groin, the thigh should be kept for half an hour in a flexed attitude. The friction should be repeated at an hour's interval, from four to six times in common cases, and eight or ten times in more serious attacks. Every twenty-four hours, at the furthest, the axillæ and inguinal folds should be carefully cleansed with equal parts of luke warm water and alcohol.

Dr. Vitrac, of Libourne, prescribes with the same view, frictions with :

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|------------------------------|--------|
| R. Quinæ sulphatis | 30 gr. |
| Adipis | 12 dr. |
| Balsam. Fioraventi. | 8 dr. |

Both the practitioners we have named state that in hundreds of cases they have thus relieved infants from periodic paroxysms, without causing any irritation of the digestive organs, which are so easily put out of order in children. In some instances, the iatroleptic method may doubtless prove beneficial, but it is expensive, and in dangerous cases we cannot confidently recommend it. We have always found, that even the most spoiled children take without much reluctance sulphate of quinine, when exhibited according to the plan of Messrs. Desvovues and Trousseau. This method consists in preparing with a drachm and a half of coffee two ounces of infusion, in which, after straining, are dissolved four or five grains of sulphate of quinine pounded with $2\frac{1}{2}$ drachms of sugar. The mixture should be stirred before it is exhibited.

Arsenic is another very powerful febrifuge, the solution of which may be given without difficulty, either mixed with sugar and water, wine, or even with plain water, of which children are generally fond. In a recent publication, Dr. C. Isnard, of Géménos, enumerates, in the *Union Médicale*, the many advantages he has derived from the use of arsenic in the treatment of the diseases of infancy, and more especially in intermittent fever.

The preparation adopted by the author, which he intentionally designates by the name of *mineral solution*, is the following :

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|------------------------------|------------|
| A. Acidi arseniosi | 2 grains. |
| Aq. destill | 32 ounces. |

This fluid is colourless, insipid, and inodorous, and has all the appearance of water. It contains $\frac{1}{50}$ of a grain for $2\frac{1}{2}$ drachms, and, therefore, $\frac{1}{5}$ of a grain for 25 drachms. For grown persons Mr. Isnard prescribes $1\frac{1}{2}$ to 3 ounces, and even more of the solution, either alone or sweetened according to taste; for instance:

Mineral solution $3\frac{1}{4}$ oz.
Syrup of orange-flowers . . . 1 oz.

This is exhibited in several doses, so timed as to leave three or four hours between the last and the return of the expected paroxysm. The medicine is prescribed not only on the days of the attack, but also on those which intervene.

For a child, the dose must be regulated according to its age and irritability. If not threatened by a speedy return of the disease, the little patient may begin with 2, 3, or 4 drachms, thus gradually ascending to 8 and 10 drachms. But in urgent cases, the practitioner should at once prescribe an effective dose.

Mr. Isnard relates that on one occasion a child, aged five years, was attacked with malignant intermittent fever. The first paroxysm was of average intensity, but the violence of the second was extreme, and for six hours the child was reduced to an alarming state of collapse. The third attack would in all probability have been still more serious, and perhaps have proved fatal. Mr. Isnard, who first visited the patient at the conclusion of the second paroxysm, calculated that about five hours was the utmost time which the disease granted for useful interference. The child moreover was indocile, and the parents passive, and not to be trusted with the exhibition of quinine. Without a moment's delay, Mr. Isnard therefore prescribed at once $3\frac{1}{2}$ oz. of the mineral solution, which the child took for water. The third attack did not make its appearance, or, to speak more correctly, lost all its gravity, and was replaced, as well as the fourth, by some degree of heat and drowsiness, which were on each occasion less marked.

ART. 5857. COLD WATER DRESSINGS IN ULCERS AND BURNS.—Patients afflicted with ulcers are very numerous. The fetidity of such sores is proverbial, and the amount of linen bands, lint, cerate, and other requisites for their cure is but too well known in hospitals. These disadvantages are all removed at the *Hôpital Saint-Jean*, in Belgium, in Mr. Rossignol's wards, by the adoption of the system recommended in the *Journal de Médecine de Bruxelles*, by Mr. Alex. Achard.

The dressing of the ulcer or burn, for the system is applicable to both, consists of a compress impregnated with cold water, protected by a water-proof texture, such as oil-silk or brown paper.

This very simple treatment, which has long since been adopted in England, soon produces a satisfactory change: detersion of the wound speedily follows the application, the fetor disappears, inflammatory action subsides, the secretion assumes a healthy character, roseate granulations of proper dimension form, islets of cicatrization become discernible, and the sores, healing simultaneously at the centre and at the edges, are promptly closed. In patients who are suffering from burns of all degrees, pain ceases, not to return, after an hour or two; eschars are rapidly detached; the signs of reaction gradually become less manifest; putrid fermentation is obviated by the perfect cleanliness resulting from the frequent water-dressings; suppuration decreases in abundance, and without any other surgical interference, nature proceeds uninterruptedly in her reparative action.

This is the most active curative process of the water-cure, of which it may be considered the typical illustration, and from the various effects it is capable of producing it is the only application appropriate to opposite conditions; thus, according to circumstances, it is sedative, antiphlogistic, astringent, or stimulating and tonic. It is sedative, antiphlogistic and astringent when the water is cold; and when the temperature of the dressing rises, the opposite medicinal action is developed. The frequency of the renewal of the dressings must, therefore, be in accordance with the temperature of the water, and with the nature of the desired therapeutic effects. In flaccid, atonic sores, for instance, the dressing should be allowed to become heated, in order to keep up, around the parts, a sort of vapour-bath, so as to induce permanent reaction; but when, on the contrary, the injury presents an inflammatory character, the dressings should be changed before they become heated, so as to display their sedative action only, and to obviate increased phlogosis. These indications are easy to meet, and instinct naturally guides the patients to their observance, as they soon remark that the irregular renewal of the dressings determines at times a sensation of relief, at others of distress; they, therefore, spontaneously adopt that plan which they feel most beneficial.

This is the secret of the remarkable cures effected by empirics with this system, from Rhazes down to Percy.

Mr. Achard relates sixteen cases of ulcers and of burns observed in Mr. Rossignol's wards, from which he concludes, with regard to burns, that water-dressings are the easiest, cleanest, most economical mode of treatment, the only one which absolutely obviates putrid fermentation, and also the promptest in its results, the average duration of the cure having been 23 days, whereas other statistics have shown 38 days to be the mean length of time requisite for the cure in identical cases.

ART. 5858. THE HYDRO-ALCOHOLIC EXTRACT OF OLIVE-LEAVES IN PULMONARY CONSUMPTION.—A physician of the Paris Hospitals, Dr. Fou-

cher, has recently published, in the *Moniteur des Sciences Médicales*, the result of some interesting experiments on the efficacy of this extract for the relief of certain symptoms incidental to phthisis.

During the second or third period of pulmonary tuberculosis, an intermitting daily paroxysm of fever is very commonly observed in the afternoon between the hours of two and ten, and not unfrequently continues until late at night. It is for this symptom Mr. Foucher has had recourse to the extract of olive-leaves, which he exhibited in eight cases of genuine pulmonary disease, generally in the stage of consolidation. In order fully to appreciate the action of the remedy, it was given alone, the patient, at the same time, being placed on restricted diet. The success exceeded his expectations; feverishness completely subsided in five days, and not one immediate relapse occurred.

“I consider these facts,” says Mr. Foucher, “as highly important.

1. Feverish paroxysms in consumptive patients are often, if not invariably, most injurious, and promote the development of fresh tubercles, or the softening of those which already exist. 2. The acceleration of the pulmonary circulation is not without its dangers. 3. Cinchona, an excellent antiperiodic in general, is never entirely successful in such cases, as I have had numerous opportunities of ascertaining, since I have specially turned my attention to the study of diseases of the chest. I may go farther, and say that it is injurious in the advanced stage of pulmonary consumption. 4. Opiates, expectorants, emetics, etc., are often endowed with very doubtful virtues, and I am inclined to consider them as more likely to be productive of mischief than of benefit; indeed, I have long discontinued the practice of exhibiting opium in tuberculosis, and I have reason to congratulate myself for having done so. If, however, genuine success is expected, it is important my experiments should be repeated as I have described, that is to say, no other medicine should be prescribed but the extract of olive-leaves, and the patient merely be placed on a reduced scale of diet. In conclusion, I am inclined to think that the extract of olive-leaves will be found most useful in the treatment of thoracic disease. Although the severity of the winter of 1859-60 was most unfavourable to this class of maladies, the eight patients I attended at the beginning and in the course of the winter-season are alive, able to exercise in the open air and to enjoy the present genial temperature.”

The best mode of exhibition of the extract of olive-leaves consists in prescribing at first large doses (8 pills of $2\frac{1}{2}$ gr. each, daily, 4 in the morning and 4 at night) until a decrease of the duration or violence of the feverish paroxysm is observed. The doses are then gradually diminished, and the medicine discontinued three or four days after the fever has entirely ceased.

The olive-tree has been long renowned for its febrifuge virtues. In

pointing out the morbid circumstances in which this remedial agent may be more especially beneficial, Mr. Foucher contributes his share to our stock of useful knowledge on the subject.

PRESCRIPTIONS AND FORMULAS.

ART. 5859. CANCER OF THE BREAST. INTERNAL TREATMENT RECOMMENDED BY PROFESSOR VELPEAU. — In the case of a stout, lymphatic woman, most probably affected with lardaceous medullary sarcoma of the breast, with suspicious swellings in the axilla, Mr. Velpeau, unable to persuade the patient to submit to an operation, prescribed the following medication :

1. To take night and morning, in a cup of infusion of hops, a table-spoonful of :

| | |
|----------------------------|---------------------|
| Aq. destill. | 16 oz. |
| Potassæ hydriodat. | 2 $\frac{1}{2}$ dr. |
| Tinct. conii | 1 $\frac{1}{2}$ dr. |

2. To drink at meals the mineral water of Bussang or Condillac mixed with wine.

3. Every eight or ten days to take, as an aperient, ■ bottle of Seidlitz water.

4. To take twice a week an alkaline bath.

5. Morning and evening to anoint the breast with a mercurial ointment containing iodine.

ART. 5860. ESCHAROTIC GUTTA-PERCHA AND CHLORIDE OF ZINC ARROWS.—The amalgamation of gluten powder with chloride of zinc has fully answered the expectations of the inventors, particularly in cases of naso-pharyngeal polypus. But when it is necessary to insert these arrows into sinuses, they do not preserve their rigidity and the softened caustic soon becomes a foreign body, which the surgeon has to extract piece-meal. Mr. Sommé, first class apothecary, in order to obtain harder and equally powerful cylinders, substitutes gutta-percha for gluten.

The preparation of this new escharotic, says the *Journal de Chimie médicale*, is of the simplest. The gutta-percha should be softened in boiling alcohol, and incorporated, in ■ heated porcelain mortar, with the chloride of zinc finely powdered. A mixture of equal parts of the ingredients is thus effected, which is rapidly rolled on a marble slab, into cylindrical sticks pointed at their extremities ; these are at once enclosed in well dried phials with wide necks, filled with powdered quick-lime and hermetically sealed.

As an excipient, gluten must always preserve, for chloride of zinc in leaf, the advantages due to its elasticity and its indifference to hygrometric influence, which tells so much on the flour used in the fabrication of the *pâte de Canquoin*; but for cylinders, gutta-percha is obviously preferable; it acts as a sponge from which the chloride exsudes, when placed in contact with a wound, and may then be extracted like a rigid wire.

ART. 5861.

LEARNED SOCIETIES.

ACADEMY OF SCIENCES. — Professor J. Cloquet communicated a highly interesting surgical case, forwarded through him to the Academy, by Mr. Benoît, Professor of the Faculty of Medicine of Montpellier.

It was an instance of congenital fissure of the soft palate, cured by reiterated cauterization.

The deformity which interested the soft palate only, was attended with all the symptoms it is capable of producing. Merely a few words could be pronounced, and so disfigured that even the child's parents were unable to understand them; deglutition was impeded, solid and more especially liquid substances returning through the nose; exspuition was utterly impossible, the saliva or mucous secretions involuntarily dropping from the mouth, or being expelled by automatic movements of the tongue. The poor child had attained his eleventh year, and time had in nowise ameliorated his condition, when Mr. Benoît undertook the case.

The treatment was begun on the 8th of May 1857, and was twice interrupted, once by a journey, and on another occasion by the measles; the time thus lost being deducted, the cure occupied nineteen months.

The soft palate has now entirely united, the uvula only remaining bifurcated. The symptoms have all disappeared; the articulation of words is easy, but the tone of the voice still somewhat impaired; the patient speaks a little through his nose, a circumstance referred by Mr. Benoît more to habit than to the insignificant fissure which remains. The author supports this assertion by adducing the case, still under his observation, of a man bearing a congenital division of the uvula, nearly similar to that which persists in the patient, whose history has been related above, and in whom the articulation of words is perfectly natural. Mr. Cloquet has had occasion to make the same remark in one of the cases he has published (1).

(1) A memoir on a peculiar method for application of cauterization in the cure of abnormal divisions of certain organs. 1855.

In Mr. Benoît's patient the favourable result was effected by thirty-three cauterizations, fourteen of which were performed with the proto-nitrate of mercury, and nineteen with the lunar caustic, applied in accordance with Mr. Cloquet's precept, at the angle and edges of the fissure in an extent of one or two lines only. The child, who at first dreaded the operation, has become so indifferent to it that he now spontaneously requests to have it performed : Mr. Benoît therefore intends to attempt the union of the bifid uvula, and entertains no doubt of ultimate success.

This is, therefore, a fresh instance of union of cleft-palate by reiterated cauterization, in a young and timid child, for whom staphyloraphy could not for several years have been thought of. The treatment was so free from pain, and interfered so little with the boy's occupations, that his education, hitherto entirely neglected in consequence of the deformity, was entered upon during the progress of the treatment, and has been prosecuted with such success, that in October 1858 he was admitted into the Montpellier college, where he gradually rose to the first places in competition with his school-fellows, and obtained at the close of the year six nominations and one prize for *recitation*. " The latter premium, " justly observes Mr. Benoît, " is a superabundant proof of the satisfactory pronunciation of this child who, previously to the treatment, spoke unintelligibly even for his parents. "

There are cases, however, said Mr. Cloquet, in which cauterization is insufficient to cure split-palate ; I refer to those in which the palatine bones are divided ; here autoplasty becomes necessary ; but, as Mr. Hippolyte Larrey has remarked in a recent publication, cauterization may be of much assistance in promoting the cure. " It would be possible, " says this eminent surgeon, " to turn this procedure to profitable account, even in those cases in which otherwise it might be unavailing, when, for instance, autoplasty has achieved but incomplete results and a small aperture remains. "

The method of cauterization seems to have become more general, and Mr. Cloquet mentioned an admirable result obtained by Mr. Gaillard, surgeon of the Hôtel-Dieu of Poitiers, not, it is true, on the velum, but on far more complex organs, in the case of a little child who was born with deformed hands and feet. Both feet were bifid in almost the whole of the anterior half, and resembled the claw of a lobster. It would have been difficult for the infant even to walk, and the use of common shoes would have been utterly impossible. Mr. Gaillard rendered the edges of the fissures regular, and by successive cauterizations of the angle of the division, effected sufficient union of the disunited halves of each foot to allow of the child, who is now four and a half years of age, wearing tight shoes and walking with perfect ease.

Upwards of thirty years since, by the same procedure, Mr. Cloquet

succeeded in effecting the union, in the case of a young man, of the two halves of a congenital bifid thumb (two small phalanges existed, each provided with a narrow but distinct nail). A deep longitudinal furrow persisted at the junction of the two nails, which, instead of being divergent, became parallel to each other, and the thumb, thus nearly restored to its natural shape, recovered the regularity of its functions.

ACADEMY OF MEDICINE. — Mr. Devergie, in the name of the Committee, of which he was a member with Messrs. Bouchardat and Bouillaud, reported on a memoir by Mr. Pize, a medical practitioner of Montélimart (Department of La Drôme) and entitled : *De l'emploi du perchlorure de fer dans le traitement du purpura hemorrhagica et de son action sédative sur le cœur* (On the use of sesqui-chloride of iron in the treatment of *purpura hæmorrhagica* and its sedative action on the heart). This paper is divided into two entirely distinct parts : one relating to the exposition of practical facts; the other to the mode of action of sesqui-chloride of iron on the system in disease. The following are the cases relating to *purpura hæmorrhagica*.

In the first, a girl, twelve years of age, presented for six days all the symptoms of typhoid fever, and simultaneously suffered from epistaxis, turgidity and sanguineous exsudation of the gums, expectoration, emesis, sanguinolent motions and urine; numerous ecchymoses were disseminated over the surface of the limbs. This condition had persisted for a whole week in spite of sulphuric acid lemonade, extract of rhatany, ergot of rye, mustard-poultices, etc.

A 3 $\frac{1}{2}$ oz. mixture, containing 15 gr. of liquid sesqui-chloride of iron, was prescribed. In twenty-four hours, the hemorrhagic tendency was checked, the urine alone remaining sanguinolent. The pulse, which had been very frequent, returned to 80 pulsations; on the following day, no blood was discharged, and the spots of purpura assumed a dark hue. From that period, the disease proceeded rapidly towards cure.

The subject of the second case was a lad of sixteen, who, after considerable growth and hard work with insufficient food, was seized with febrile symptoms, extreme prostration of strength, and, on the fourth day, presented numerous spots of purpura on the limbs, with sanguinolent motions and epistaxis; the pulse rising to a hundred pulsations.

A 4 oz. mixture with 15 gr. of sesqui-chloride arrested the hemorrhage in twenty-four hours, and reduced the pulse to 90 pulsations. The potion was continued the next day, and all the symptoms ceased. The medicine was then discontinued for two days. Epistaxis returned twice, but with less violence than before. The pulse again rose to 100. The mixture was resumed : on the ensuing day, no hemorrhage took place, and the pulse declined to 82. Convalescence was very rapid under the in-

fluence of the sesqui-chloride, which was continued for several days; a small quantity of substantial food and wine were also prescribed.

Mr. Pize's last case referred to an unmarried woman, 25 years of age, who, two years before, had presented symptoms of chlorosis. After five or six days' indisposition, intestinal hemorrhage appeared, epistaxis and numerous spots of purpura on the limbs. The pulse was weak, and rose to 119. The day after the use of the chalybeate potion, hemorrhage ceased, the pulse returned to 86, and fell two days later to 62. The disease terminated as in the two preceding cases.

Mr. Pize then adverted to the analogous case, published subsequently to his own, by Dr. Bourguignon, a case to which the Reporter deemed it expedient to add a fourth, recently published in the *Gazette médicale de Strasbourg*, by Mr. Leroy, de Saint-Ybars.

The following, in Mr. Pize's estimation, are the obvious inferences from these four cases all relating to *purpura hæmorrhagica* :

1. Sesqui-chloride of iron is preeminently the agent for the cure of the disease; it arrests the hemorrhagic tendency in the space of twenty-four or forty-eight hours, and, continued for a few days, rapidly brings about the convalescence of the patient.

2. This medicine produces an immediate diminution in the rapidity of the circulation, decreases the quickness of the pulse in twenty-four hours from 110 to 80 pulsations, and may therefore fairly be considered as a direct sedative of the action of the heart.

Mr. Devergie remarked, however, that Mr. Pize has recorded no case of disease of the heart in which results analogous to those induced by this drug in *purpura hæmorrhagica* have been effected.

With regard to the author's first proposition, relative to the treatment of *purpura hæmorrhagica* by sesqui-chloride of iron, the Reporter stated that, in consequence of the rareness of the disease, and notwithstanding the great heat of last summer, the Committee had found it impossible to verify Mr. Pize's assertion by clinical observation. The cases, however, brought forward by this gentleman were so decisive that the Committee had considered them as affording sufficient proof of the efficacy of sesqui-chloride of iron in the treatment of the malady, particularly as the subjects were young, one of them chlorotic, and the other debilitated by excessive labour and insufficient food.

But a disease, said Mr. Devergie, very similar to *purpura hæmorrhagica* and much more common, especially at the Hospital Saint-Louis, is *purpura simplex*. Eleven patients were treated by the sesqui-chloride of iron, already recommended in analogous cases by Mr. Deleau. The exhibition of this medicine, at the dose of 30 gr. in 3 $\frac{1}{2}$ oz. of liquid, produced the most remarkable results, in this sense that, in the space of four or five days, the spots of purpura were sufficiently attenuated to be left to

themselves, at the same time that the general condition had singularly improved. The patients rapidly recovered their strength and appetite returned in a remarkable manner.

Now *purpura simplex* is a very common disease in the exhausted adult, or in the aged, debilitated by years. At Bicêtre, very numerous cases of the complaint are observed, and it had been remarked that hitherto it yielded to a treatment consisting in the patients sucking, in the course of the day, slices of lemon and taking at the same time chalybeates and tonics. Such was the medication prescribed every year at the Hospital Saint-Louis by Mr. Devergie. But it is now thrown into the shade by sesqui-chloride of iron, the effects of which are much more rapid.

The use of sesqui-chloride of iron on a large scale, led the Reporter to make a remark which did not appear to him to have hitherto occurred to scientific observers.

Purpura simplex may manifest itself in two distinct forms, either with or without fever. It may assume the petechial lenticular form, resembling flea-bites, or, on the contrary, appear in irregular, disseminated, solitary or numerous patches and always of rather large dimension, from 2 inches, for instance, to 6, 8, 10 inches and more.

In the first form, i. e. *lenticular purpura*, the eruption may proceed in two different modes : appear principally on the lower extremities, as in the other variety, and break out in successive eruptions, proceeding progressively until it has reached its maximum intensity; or in twenty-four hours patches appear which last a week, or ten or twelve days; the patient seems cured, when a fresh eruption gives evidence of relapse.

Now, in two cases of the latter form, the only one that it has been given to Mr. Devergie to observe, if each eruption has seemed to disappear somewhat more quickly under the influence of the sesqui-chloride of iron, relapse has not the less occurred, despite the continuation of the medicine; so that, in this morbid shape of the same disease with successive eruptions, sesqui-chloride of iron did not display the same efficacy as in the other; lenticular purpura with continuous eruption progresses uniformly, and yields promptly, on the contrary, to the sesqui-chloride, a fact which Mr. Devergie has verified.

To what circumstance, said he, must we refer this negative result? The complaint is identical, the form and progress alone differ. The cause, in almost all cases, is invariably one and the same. Mr. Devergie thus specifies its nature : grief, destitution, and fatigue occasion the development of purpura, a threefold origin which induces the same result, viz, improper nutrition, insufficient reparation of the blood, which becomes the definitive and direct cause of the development of purpura. But in disease, the cause is not all; the form and progress are not unimportant in the appreciation of the efficacy of various therapeutic agents.

Sesqui-chloride of iron, exhibited in doses of from 20 to 30 drops in a $3\frac{1}{2}$ oz. gum-mixture, during the twenty-four hours, appears, however, to Mr. Devergie preeminently the best treatment for non febrile *purpura simplex* and for *purpura hæmorrhagica*.

In reference to the sedative action of sesqui-chloride of iron on the heart, Mr. Devergie had found in Mr. Pize's paper no fact beyond those relative to *purpura hæmorrhagica*, and in which the pulse, having reached 110 and even 119 pulsations, fell, under the influence of the salt of iron, to 80 or 89 pulsations. From this circumstance, Mr. Pize draws the inference that sesquichloride is a sedative of the heart. But acceleration of the action of the heart may be the direct consequence of hæmorrhage. If the loss of blood is checked, the frequency of the circulation decreases. What part should we, therefore, assign to sesqui-chloride of iron in the abatement of the action of the heart?

With regard to the question of doctrine, raised by Mr. Pize, the Reporter said that the influence of the medicine was susceptible of two explanations: in one, the chemical action of the sesqui-chloride of iron on the fluids or tissues is alone taken into account; in the other, the dynamic power of the medicine only is considered. The author adopts the former of these theories. Mr. Devergie, after having discussed both, stated that they appeared to him too exclusive. Taking into consideration Mr. Bruck's experiments and others, which demonstrate the passage of the iron into the blood, the Reporter expressed the opinion, "that ferruginous preparations possess a double mode of action; conveyed into the blood, they tend in the first place to reconstitute that fluid, by their direct and stimulating action on the organs; in the second, they impart to the system an increased degree of energy."

When this report had been read, Mr. Gibert suggested that, as *purpura simplex* is susceptible of a spontaneous cure, it is improper to ascribe its disappearance to the exhibition of sesqui-chloride of iron.

Mr. Trousseau addressed himself to both the questions of fact and of theory. The four cases, which form the basis of Mr. Devergie's report, although relative to very serious instances of *purpura hæmorrhagica*, seemed to him insufficient to justify inferences so exclusive as those brought forward by Mr. Pize. In this respect, Mr. Trousseau participated in the opinion expressed in Committee by Mr. Bouillaud. This reserve and these doubts are more especially conceivable, as sesqui-chloride of iron failed in Mr. Devergie's hands in two cases of febrile *purpura* with successive eruptions. The lowering of the pulse after four or five days is usual in the natural course of febrile *purpura hæmorrhagica*. The diminished activity of the vascular system is therefore a spontaneous phenomenon, of which sesqui-chloride of iron does not deserve the credit. If, however, this remedial agent were a vascular sedative equal to digitalis

and accnite, it would, like these substances, display this peculiar power in healthy subjects, a circumstance which occurs neither in man nor in animals.

Mr. Trousseau was of opinion that Mr. Devergie was wrong in dividing physicians into two camps, as to the interpretation of the therapeutic action of medicines. For most remedies, all are agreed; thus none pretend to explain the efficacy of opium, belladonna, nux vomica, etc., on chemical grounds. If differences of opinion still exist with regard to a small number of substances, iron, in particular, it is unnecessary to make a distinction between vitalists on the one hand, and dynamists on the other.

Is sesqui-chloride of iron a hemostatic? It is and it is not. It is a *direct* hemostatic and one of the most energetic; Pravaz's experiments and the daily experience of medical practitioners abundantly prove it.

But is it an indirect hemostatic? The Professor did not think so; he argued that in uterine hemorrhage, for instance, it was inadmissible to suppose that sesqui-chloride of iron would successively traverse the capillaries of the alimentary duct, of the liver, of the lungs, etc., and pass through the greater part of the vascular system without coagulating one drop of blood, without producing the least hemostatic effect, and precisely exercise all its astringent and coagulating power on the capillaries of the womb! It is difficult to understand so strange a phenomenon! Mr. Trousseau did not, however, contest it; but he feared that it would be received with incredulity, even by the warmest friends of chemistry among his colleagues.

The restorative action of sesqui-chloride of iron has been also much exaggerated. Mr. Trousseau estimates that this salt, in this respect, is very inferior to other ferruginous preparations; it has, in addition, the disadvantage of not being easily managed and of being tolerated in general with difficulty.

Here the learned Academician raised the difficult and still very obscure question of the mode of action of iron as a restorative. It had been long believed and taught that iron, as an ingredient of the blood, was much decreased in quantity in chlorotic subjects. Recent experiments, instituted by Messrs. Favre and Reveil, have demonstrated that the contrary is the case. Thus, these skilful chemists have found that in the chlorotic the amount of globules of the blood being represented by 40, the proportion in weight of normal iron is equal to that of a non-chlorotic subject, in whom the figure of the globules rises to 120 or 130, according to the investigations of Messrs. Andral and Gavarret. If, therefore, for the same quantity of blood the same proportions of iron are found in chlorosis, and when that disease does not exist, although the blood in the latter case contains three times more globules than in the

former, it must be admitted that the iron is condensed in the globules of the blood of chlorotic subjects.

Mr. Trousseau admits the passage of iron into the blood, but hence it does not by any means follow that it remains in that fluid and that it becomes assimilated to the system. No substance is assimilated by force. If albumen be injected into the blood of an animal, it is eliminated by the kidneys. Sugar given in excess or injected into the vessels, also instead of being assimilated, passes into the urine.

Thus iron penetrates into the blood, but does not sojourn there; the quantity absorbed is inappreciable, according to the experiments of Mr. Natalis Guillot, who has constantly detected in the fœces almost all the iron ingested into the stomach.

Therefore, although iron is of incontrovertible utility in the treatment of chlorosis, the mode of action of this medicine has not yet been discovered any more than that of the other agents of the *materia medica*.

Two illustrious chemists, Liebig and Dumas, have attributed to chemistry an exaggerated part in therapeutics. Chemistry must not direct, but merely enlighten medicine. And yet, God knows, if it is so! Mr. Garrod publishes a work on gout, in which he professes that this disease depends on an excess of urate of soda in the blood. Hence the chemical treatment so well known; hence those innumerable drugs, colchicum, Boubée's syrup, Lartigue's pills, Laville's remedy, etc., which have killed as many gouty subjects as the waters of Carlsbad and Vichy.

In this respect, the orator observed that the waters the most highly extolled for the lithic diathesis, Vichy, Carlsbad, Pougues, Contrexéville, produce effects varying in inverse proportion to their alkalinity. Nothing is, however, more common than cures obtained by waters containing different mineralizing ingredients, or even containing none whatever, such as, for instance, those of Plombières and Bagnères-de-Bigorre, which are scarcely more mineralized than river-water. How can a purely chemical theory account for the fact that a patient, after a season at Vichy or at Pougues, remains a year without ejecting any calculi? Will it be argued that the lithic acid has been neutralized by the alkaline virtues of these waters? But obviously this alkali has long been expelled from the blood! If concretions cease to be formed, it is merely because the constitution has been replaced in a more healthy condition.

Dyspepsia attended with acidity is cured by the use of the alkaline waters of Vichy, Carlsbad, Vals. But when patients find it more convenient to repair to Bagnères or Plombières, they at times recover quite as rapidly or even more so. Here again, therefore, if the alkaline medication is beneficial, it is not from its *alkalinity*. Moreover, Mr. Claude Bernard has demonstrated that, if an alkaline salt is given to a dog, bearing a fistular opening in the stomach, the salt, it is true, instantly neutralizes

the gastric juice; but at the same time a more abundant secretion of that juice takes place, so that the surest means of filling the stomach with acid fluids would, perhaps, be to exhibit an alkaline preparation.

Why is uterine hemorrhage checked by cold affusions? Why are the catamenia suppressed after a glass of cold water has been taken into the stomach? We know not. Can we say we possess more accurate information on the subject of the unquestionable efficacy of the water cure, or do we know why metallic armatures applied to a limb increase ten-fold its muscular power in the space of half a minute? Why the irritation produced on the gastric mucous membrane by the contact of ipecacuanha, of tartar emetic, or of sulphate of copper, throws into convulsion all the respiratory muscles and induces emesis? Can chemistry supply us with an explanation of these phenomena? Why is it that waltzing, swinging, or the rolling of a ship bring on vomiting and vertigo? Why protracted tickling of the soles of the feet may cause death? Any physical or chemical explanations of these phenomena are untenable; far better is it to confess our ignorance.

"I am reproached," said Mr. Trousseau, "with always demolishing and never constructing." Granted; but I declare my utter inability to supply the required explanations.

"I am asked whether I am a vitalist or an organicist. I do not know; I am perhaps both.... Instead of discussing these grave and insoluble questions, we should act more wisely were we to attach ourselves, in the first place, to ascertaining facts.... In therapeutics, experiment must be the starting-post; systematization follows. Disease was first empirically cured; this has been the origin of the most active medications and of those reputed the most rational. Before establishing the substitutive medication, irritant collyria were empirically introduced into the inflamed eye; before goitre and tertiary syphilis were treated by iodide of potassium, they were empirically cured with burnt sponge. Let us not be more ambitious, and our therapeutics will be sound.

"I recapitulate and say: Therapeutics will be nearer to the truth in proportion to the candour with which we shall agree to confess our ignorance as to the intimate mode of action of remedies; in proportion as we shall study more specially each medicine, and more closely apply ourselves to experiment. This does not exclude spontaneity or the primitive direction of experiments, which we should conduct and not permit to conduct us; nor does it exclude sagacity in research or philosophical deduction."

In his reply to Mr. Trousseau, Mr. Devergie stated that he valued but very little theories relative to the intimate action of medicines. The principal point is to know that a medicine cures. On this ground the Reporter deemed it advisable to refute some of the assertions of his eminent adver-

sary. Mr. Devergie first contested the analogy which Mr. Trousseau had endeavoured to establish between *purpura hæmorrhagica* and *lenticular purpura* with successive eruptions. Thus, the former is a most serious affection, which soon imperils life; the latter, on the contrary, is always benign. The Reporter then reminded the Academy that, by uniting all the published cases of *purpura hæmorrhagica*, successfully treated by sesquichloride of iron, we should find seven. There would be, therefore, three more to be added to those of Mr. Pize. These are but few for an entirely experimental question; but they are sufficient to call for further study.

Mr. Poggiale spoke after Mr. Devergie. On many points the learned Professor of Val-de-Grâce could but repeat what Mr. Devergie had said. As to the intricate question of chemical reactions and dynamism, the orator sought to demonstrate that the vital principle need not necessarily intervene in the explanation of a host of phenomena dependent on chemistry, physics, or mechanics alone.

Mr. Poggiale, in conclusion, claimed, in behalf of Mr. Monsel, a military apothecary, the first discovery of the hemostatic power of the salts of peroxide of iron. Mr. Monsel described so far back as 1852, i. e. one year before Mr. Pravaz's investigations, the anti-hæmorrhagic virtues of the persulphate of iron; and comparative experiments have demonstrated that these salts, from which Mr. Larrey derived much benefit in hæmorrhage, when the usual remedies had failed, are as powerful hemostatics as the sesqui-chloride of iron.

Mr. Piorry stated that three years since he had successfully exhibited in his wards the sesqui-chloride of iron to patients attacked with hæmorrhagic affections, and particularly in certain cases of *purpura hæmorrhagica*. This salt is, therefore, beneficial in certain affections, and should be resorted to irrespectively of theories.

SURGICAL SOCIETY.—Mr. Depaul related the following instance of sudden death, from penetration of air into the uterine veins, and subsequently into the heart. — On 15th April 1855, Mr. Depaul attended, in her first confinement, a woman, aged 19, whose pelvis and lower extremities were much deformed. The sacro-pubic diameter of the brim of the pelvis scarcely reaching 3 inches ($7\frac{1}{2}$ centimètres) in length. The dilatation of the os uteri was complete forty-eight hours after the beginning of labour, the liquor amnii escaped, but the head did not descend into the pelvis. The head presented obliquely, the vertex being directed towards the right acetabulum. The pains were intense, intermittent, but frequent, and since twenty-four hours a loop of the cord in which no throbbing was perceptible had descended; the heart of the fœtus was,

moreover, inaudible. Mr. Depaul, after a further delay of an hour and a half, perforated the cranium, and with the forceps extracted a full-sized child weighing about eight pounds. The patient recovered rapidly.

Some two years after, she again became pregnant, and Mr. Depaul resolved on inducing artificial labour at eight months, in the hope that the child might live. At the period agreed on, a powerful uterine injection (*douche vaginale*) was performed, and labour having supervened, it again became necessary to have recourse to perforation of the head. Even after this operation, the extraction of the foetus presented much difficulty, and metro-peritonitis followed, which imperilled the life of the mother.

A third pregnancy took place, but fortunately the patient miscarried at two months and a half.

She again became gravid towards November 10th 1859; and on this occasion Mr. Depaul resolved not to delay beyond seven months and a half the induction of premature labour. On the 20th of June, 1860, in the presence of Dr. Tarnier, fellow of the School of Medicine, in the Section of Midwifery, he therefore administered a first injection, which occasioned a few uterine contractions. A second injection was performed on the same day, and a third on the following evening, with the apparatus in common use at the *Hôpital d'Accouchement*, consisting in a forcing pump fixed to a bucket, from which the water is raised through one tube, and discharged through another, with considerable power, into the vagina.

Having placed his forefinger in contact with the cervix, the operator inserted the caoutchouc canula at a distance of about 5 lines from the os uteri. The injection had continued for about five minutes, when a peculiar sound was heard indicating the escape of air; the instrument was carefully examined, and being found in perfect order, the operation was resumed. After a short interval, the same sound was again noticed, and the patient complained of much pain. A third time air escaped with the water from the pipe, and the operation was interrupted. The patient having then been recommended to rise and take a few steps across the room, fell back in a faint; the pulsation of the radial artery suddenly became imperceptible, and the heart ceased to beat. During 12 minutes, no effort was spared to restore suspended animation, but after three incomplete gasps the woman definitely expired.

The Cæsarian operation was then instituted; the texture of the uterus, instead of being dark and turgid, was found pale and colourless, and at each incision air-bubbles and froth escaped with the blood. The child, which at first gave no sign of life, was restored after a hot wine and water bath, and direct insufflation, but lived fifteen hours only.

On removal of the after-birth, it was found that part of its surface was

detached and separated by a certain quantity of air from the uterine wall.

No post-mortem examination of the body was permitted.

Although this method of inducing premature labour is frequently resorted to by the principal accoucheurs of Paris, a melancholy occurrence, similar to that related above, has never before been observed. The instrument has since been the object of careful examination, but the most minute research has failed to detect the imperfection to which the fatal escape of air was due.

Mr. Depaul assumes that the air forced into the womb was retained within its cavity during the contractions, at the close of each of which it was aspirated by the uterine veins, whence it passed into the cava and into the heart, a direction in which it was further propelled by the *vis à tergo* exerted by the uninterrupted discharge of water into the vagina.

— Dr. Denucé communicated a case of aneurism of the brachial artery cured after compression continued two hours and a half.

The patient was a vine-dresser, aged 52, who presented at the upper third of the arm a tumour of the size of a walnut, which had acquired this magnitude in the space of two years and a half. The swelling was the seat of throbbing, expansion, fremitus, souffle, etc.

Mr. Denucé applied instrumental pressure with an apparatus, originally contrived for the femoral artery, which he adapted to the present case. The patient, being in great pain, removed the pressure after two hours and a half. The throbbing had much decreased within the aneurism, and next morning was found to have entirely ceased. In the evening it returned feebly, and J. L. Petit's compressor was resorted to for a quarter of an hour, and subsequently several times for a few minutes only, as the man could not bear a longer application.

One month after, the patient had left the hospital, the tumour was hard and presented no throbbing. Above the swelling the artery pulsated vigorously, the pulse at the bend of the elbow and at the wrist was weak, but more distinct than formerly; some pain was still complained of at the wrist, and also some degree of numbness in the middle finger.

In this interesting case the shortness of the time required for the obliteration of the aneurism is truly remarkable. In the most successful instances on record of the application of the method, pressure was continued for seven and a half, eleven, and twelve hours.

ART. 5862.

BIBLIOGRAPHY.

Les cures de petit-lait et de raisin en Allemagne et en Suisse dans le traitement des maladies chroniques. (The whey and grape-cures in Germany and Switzerland in the treatment of chronic diseases.) by Dr. Ed. Carrière. (1)

Whey and the fruit of the vine may be considered as compounds analagous in their action to the beneficent waters which emerge on the surface of the soil. Mr. Carrière's work on the whey and grape-cures might, therefore, as he himself assures us, be entitled "an omitted chapter of medical balneography."

In France, with some few exceptions, no attention has been methodically devoted to the whey and grape-cures; they are, in general, not considered sufficiently important to deserve much consideration. In Germany and Switzerland the reverse is the case. Whey and grapes are there not only popular as a means of treatment of disease, but also have a place assigned in the important class of mineral waters, with which they are associated under the name of organic mineral productions, and an increasing number of patients flock every year to the various establishments devoted to their exhibition.

Dr. Lersch, one of the German authors who have best treated this subject, estimates at three hundred the number of these establishments, a figure which has since been nearly doubled. In the North, Rehburg, in Hanover, where goat's whey is distributed, is one of the most important. Liebstein, in the principality of Saxe-Meiningen, Rosenau, in Moravia, also deserve special mention. Schlangenbad, in the duchy of Nassau, is one of the most agreeable places among those devoted in the region of the North to the sero-lacteal treatment. In the Southern regions, the most frequented establishments are those of Baden-Baden, Badenweiler, Gleisweiler near Landau, Beuron, Ischl, the most celebrated spa of the Austrian empire. The whey taken there is principally that of the ewe, preferably prescribed for pulmonary phthisis. In Styria, there exist many whey-establishments, which are, at the same time, important as spas, for instance, Neuhaus, Rohisch, etc. But the Southern station of all the most deserving of public favour is in the Alps, and within sight of Italy, Méran, a locality which, for its climate, its whey, and its grapes, is the most re-

(1) 1 vol. 8vo. Victor Masson.

nowned in Germany ; its fame has even reached the interior of Russia, and, thanks to its average temperature of $36\frac{1}{2}$ degrees (Fahrenheit) in January and February, it is peopled in winter with numerous invalids. But whey exists wherever flocks are to be found, and for this reason it is the object of such extensive speculation in Switzerland. Most usually, this kind of treatment is instituted in thermal establishments, or in their vicinity, because it has been ascertained that whey mixed with mineral water, and exhibited either in beverage or more rarely in baths, imparts new virtues to both these medications, sometimes increasing the activity of the whey, and at others tempering the too great power of the springs. Mr. Carrière observes, with regard to phthisis, that the mineral waters, in which whey proves most beneficial are the sulphureous, which contain much chloride of sodium. The author describes as follows the manner in which the sero-lacteal treatment is practised in the principal establishments of Germany and Switzerland :

“ In order to measure with precision the quantity of whey exhibited, glasses are used similar to those of Carlsbad, which contain about 4 oz. of liquid. The first dose is taken fasting, and the second after a quarter of an hour's walking exercise in the open air or under shelter, according to the weather. It is almost indispensable that the whey should have been recently prepared, although, as we have already stated, excellent precautions are taken to preserve its temperature. The establishments, considered the best, renew their stock three times a day in order to insure its freshness. It is an advantage, not without value, to take the whey on the very spot in which it is prepared or very near it. If it should come from afar, it is better to drink it at the springs, like a glass of mineral water, than to wait for its distribution. In the early stages of the cure, two glasses are not exceeded ; if no obstacle should arise, and no great perturbation of the digestive organs occur, the daily dose may be increased to four or five glasses, equivalent to about $1\frac{1}{2}$ pint of whey. This applies to cow's milk-whey only, according Dr. Mojsisovicz, from whom we borrow all these details. But for goat's or ewe's milk-whey, both less digestible, and applicable, especially the latter, to the cure of pulmonary phthisis, it is essential to proceed with greater moderation. Patients labouring under tuberculosis should never take more than three glasses, at intervals of at least half an hour. Two glasses should be drunk in the morning fasting, the third towards the middle of the day. It is not however possible to lay down absolute limits on this point. In consumptive cases especially, it would be difficult to establish beforehand how the cure is to be continued after the first days. The practitioner must, in the first place study his patient, and then act according to the symptoms and complications which may arise ; but he must especially not allow himself to be discouraged. Whey is not one of those remedies, the efficacy of

which proceeds by rapid and unexpected changes ; its action is slow, and patience is necessary. Perseverance has, in this treatment, been the secret of many cures.

“ Invalids should not confine themselves to a short season devoted to the treatment, says Dr. Helfft ; the cure lasts from six to eight weeks at most, which is but a short time for a result of any importance. Not only is it desirable to resume the course of treatment, if possible, after an interval of rest, but it is still better to continue it at the new residence. If the patient is consumptive, and takes up his winter quarters in a mild climate, an additional reason exists to strengthen the influence of the climate by that of the remedy. It is thus the most favourable chances are combined for the attainment of the final result. ”

The diseases in which they would seem to be productive of most benefit, independently of all theoretical interpretation, are chronic bronchitis and incipient phthisis, obstruction of the viscera occasioned by intermittent fever, the abdominal form of hypochondriasis, hemorrhoids, obesity, hyposthenic affections in women and children, nervous derangement kept up by debility, etc.

The second part of the work treats of the grape-cure. It is universally known that grapes tend to fatten and to strengthen, an empirical notion which has been systematized by the Germans.

“ The grape-cure, ” says Mr. Carrière, “ consists in making entire meals several times a day exclusively of grapes. These repasts, added to others, supply for the day an amount of nutriment sufficient to satisfy the best appetites. Patients begin with a pound, and progressively increase the quantity to two, three and even six and eight, the extreme limit usually attained ; few consume larger quantities.

“ The first portion must be taken early in the morning, not at home, but in the vineyard, when the sun has not yet absorbed the humidity on the grape and the fruit is in all its freshness. This recommendation does not apply to consumptive patients, for whom the early morning influences are unfavourable and even dangerous. The sun must have heated the lower layers of the atmosphere, for the advantages of exercise not to be annihilated by an aggravation of the symptoms. The early repast in the vine, in the first haze of morning, when the temperature is still low and the wind cool, is suited for such organizations or idiosyncrasies only as require motion in the free oxygenized air to urge the circulation, and rouse the system from its inertia. The first meal should be the most copious. The stomach is empty and can receive more food than in the course of the day. The other grape repasts must be regulated so that the doses of fruit may be nearly equal. The morning walk should last two hours, when a breakfast consisting of bread and water should be taken. If the weather is unfavourable for walking exercise out of doors, elegant rooms for the

purpose are to be found in all such establishments, sheltered from the inclemency of the atmosphere, which is generally not to be depended on in mountainous countries. The second grape meal should precede dinner, which takes place about two o'clock; the third at four or five; and the last, a few minutes before bed-time, and almost immediately after the light repast which closes the day. This system is persevered in regularly for five or six weeks, not until the cold drives patients away from the establishments, but until the vintage has completely stripped the vine-stocks.

“Some monographers carry their recommendations too far, and advise the invalids to avoid swallowing the skins and stones, because both are difficult of digestion. The treatment should not be rendered troublesome by unnecessary precautions. The grape-cure is one of those in which the greatest liberty should be left to the patient, not with regard to the regimen properly so termed, but to the treatment. If he can bear well the few pounds of grapes he takes in the day, he may increase the dose, or even exceed the prescribed limits. This kind of imprudence will generally present fewer inconveniences than advantages, and will give seldom rise to regret.”

The whey and grape-cures, particularly the latter, were well-known to Professor Chomel. In his *Treatise on dyspepsia*, this eminent physician recommends them under the denomination of extra-medical treatment, as suited to impress the mind favourably, and subsequently to react with advantage on the system.

In Mr. Carrière's estimation, the predominant virtue of the grape is observable in diarrhœic discharges, even in their gravest forms. The various diseases, which derange the functions and affect the nervous system of the digestive organs, may likewise be remedied by this treatment. The grape-cure is also efficacious in abdominal and hepatic plethora and their attendant affections or complications, such as obstruction of the spleen, of the larger vessels and hemorrhoids. It is not less beneficial in the principal varieties of discrasy, such as scrofula, tuberculosis, and pulmonary phthisis, gout, and cutaneous affections. Finally it advantageously removes hyposthenia and its concomitant symptoms, whether proceeding from a peculiar condition of the constitution or from causes of a different order.

The author concludes his work by considerations which bear the impress of genuine patriotism, and he expresses a hope that the introduction and popularization in France of the whey and grape-cures will be no longer delayed. A letter addressed by Dr. Noël to the *Union médicale* proves that Mr. Carrière was not aware that at Aubrac and Lagniolle (Department of Aveyron) whey-establishments already exist which, with some pecuniary support, and directed by a young and entreprizing physician, would soon vie with those of our neighbours.

“ More than 10 000 cows graze on these mountains,” writes Mr. Noël,
 “ and last summer more than 300 whey-drinkers assembled there.

“ The whey is prepared, as in Switzerland, by the aid of rennet poured
 into the milk, as soon as it has been drawn from the cow.

“ In the morning at 6 o'clock two glasses of whey still warm are first
 taken; a bottle of the same fluid is then carried away and consumed during
 a walk; dinner is served at 11; a glass or two of whey are again taken
 at 5 o'clock, and a further slight repast is made at 8. When well-digested,
 whey does not act as an aperient, but as a diuretic. The appetite
 soon increases, the gastro intestinal functions become more active and
 more regular, and the general health is improved.

“ Patients in a state of convalescence from serious diseases, exhausted by
 discharges or too copious secretions, or suffering from gastro-intestinal
 perturbations, derive great benefit from the treatment.

“ I have seen a patient labouring under anasarca, consequent on loss
 of blood, two women affected with an enormous effusion within the peri-
 toneum, a consequence of metro-peritonitis; two boys with considerable
 pleuritic effusion, and several persons debilitated by catarrhal bronchitis,
 or obstinate diarrhoea, all of whom were cured in a few weeks.

“ The air of the mountains is keen and pure; the food healthy and
 abundant; the meat and wines from the hills of the Lot are good; the ho-
 tels, without being luxurious or even very comfortable, are cheap and hab-
 itable; whey taken on the spot, and as much as the patient can desire,
 costs about 2 $\frac{1}{2}$ d. a day.

“ Chalybeate springs are also to be found in the immediate neighbour-
 hood, at Montmatou and Cunnéjous; a warm sulphureous spa exists, La
 Chaldette (Department of Lozère), and the baths of Chaudes-Aigues are
 at a short distance.

“ The valleys are picturesque; they are adorned by beautiful ruins,
 old castles, and water-falls, and the streams which are numerous, abound
 in trout and cray fish (1). ”

We find on the other hand, in a notice recently published at Grenoble
 on the springs of Celles-les-Bains (Department de l'Ardèche), a detailed
 description of the manner of conducting there the grape-cure, “ so parti-
 cularly useful to consumptive patients. ”

“ At Celles,” says the continuator of the learned and venerable Barrier,
 “ the grape-cure consists in eating every day from three to five pounds of
 ripe grapes. The patient takes in the morning a pound fasting, care-
 fully avoiding swallowing either the skin or stones, and yet at Celles,

(1) At the establishment of Allevard (Department of Isère), whey-baths
 have been combined with the sulphureous medication.

this precaution, advisable at Fontainebleau and on the banks of the Rhine, is unnecessary, for the pellicle of the grape is of extreme tenuity and instead of being acid may be reproached with excessive sweetness.

“ Two hours later, the same dose of grapes is repeated. — Dinner at twelve, of beef or mutton, roasted or otherwise (Ardèche mutton is as good as down-mutton), stale and well-baked bread, and a glass of old wine; the vegetables allowed are potatoes and carrots. — At four o'clock the same meal, but with two pounds of grapes. — In the evening, soup or tea with white bread, according to the habits of the patient. We recommend exercise between meals and abstinence from drinking as far as possible. — Fontainebleau Chasselas grapes for this cure, which may last three weeks, are far inferior to ours in every respect, because it is to the sugar and gum, the nutritive principles of the grape, that the treatment owes its efficacy. Under its influence, which is in nowise laxative, but tonic and reviving, and at the same time refreshing, the consumptive patient recovers his strength and his flesh, and *à fortiori*, invalids, whose lungs are less seriously attacked. It is a treatment, says Mr. Constantin James, a competent judge in the matter, which succeeds perfectly in allaying general overexcitement, refreshes the blood, discusses pulmonary congestion, and modifies the secretions; it also acts beneficially in diseases of the urinary system. It is an agreeable and useful complement of the mineral treatment pursued at Celles for the cure of these diseases.”

What is successful in L'Aveyron and L'Ardèche is surely possible in many other departments. Mr. Carrière rightly contends in a chapter, which want of space alone prevents us from reproducing in extenso, that whey in France would not be only as good and consequently as efficacious as that used in Germany and Switzerland, but would also be as plentiful and could be supplied in sufficient abundance to such establishments, even were they numerous among us. Another advantage equally valuable is that, more perhaps than elsewhere, the regions of pasture-land correspond with those of mineral waters, so that, wherever thermal establishments exist, none of the elements requisite for the success of the sero-lacteal cure are wanting. The same may be likewise affirmed of the grape-cure, for what nation is more favoured than ours, either for the importance of our vine-cultivation, or for the excellency and variety of our wines? Wherever there are vines, the grape-cure may therefore be instituted. Nothing consequently prevents the prompt realization of Mr. Carrière's wishes, and if the methods of treatment, which his interesting work tends to popularize among us, are found in great centres as serviceable as they are said to be beyond the Rhine or the Alps, he will have earned the credit of having called attention to a subject, the very existence of which was known but to a select few.

ART. 5863.

MISCELLANEA.

By Imperial decree of 18th June, the ranks in the two sections of the Military Medical Department are assimilated to the ranks of the military hierarchy as follows :

| | |
|------------------------------------|---------------------|
| Inspector | general of brigade. |
| Head surgeon, 1st class | colonel. |
| Head surgeon, 2nd class | lieutenant colonel. |
| Full surgeon, 1st class | major. |
| Full surgeon, 2nd class | captain. |
| Assistant surgeon, 1st class . . . | lieutenant. |
| Assistant surgeon, 2nd class . . . | second lieutenant. |

In the report which precedes this decree, Field-Marshal Randon announces that the duties and prerogatives of military *officiers de santé* will naturally be drawn up by a special commission, at present engaged in the preparation of the draft of a decree, one chapter of which is intended to solve all the questions of rank, precedence, military honours, funeral honours, for all persons in the army to whom the law of 19th May 1834 is applicable.

— Mr. Bouley, the eminent Professor of Alfort, presented to the Academy, in the name of Mr. A. Samson, a small pamphlet, entitled, *Du meilleur préservatif de la rage* (Of the best preservative from hydrophobia). This volume is not yet published, but the *France Médicale* contains an extract, from which we shall borrow a few passages:

Struck with the inanity of the measures and means of all sorts proposed every year for attenuating the disastrous effects of rabies, Mr. Samson has thought that one means only exists of preserving us from this scourge, the knowledge of the exact cause of the insidious and little known phenomena of the beginning of this terrible affection. For this purpose it is indispensable to destroy certain errors prevalent among the public, and this is precisely the end Mr. Samson endeavours to attain.

And first, despite the word which designates it, rabies may exist for a certain time before any phenomenon of furor is manifest. In its earliest stage, the animal has no aversion to water, as he is supposed to have; he even often drinks with avidity. Now, what is his attitude? From the description of a learned English veterinary surgeon, Mr. Youats, and

from his personal observation, the author sketches with a masterly hand a graphic picture of the physiognomy and gait of the mad dog in the beginning of the disease. At this moment the animal retires to the kennel; *he shows no inclination to bite, and obeys*, although slowly, his master's voice. But his body is, as it were, contracted, and he hides his head between his chest and fore-feet. He then becomes restless, seeks a new place, returns to his litter, and moves about without being able to find a position that suits him; his appearance is gloomy and suspicious; he goes from one to another, as if to crave assistance, far from flying from his master's house. If he is of a mild and affectionate disposition, and remains caressing, perhaps more even than in health. In snarling and vicious animals only, the aspect becomes terrifying and the eyes express ferocity.

An important phenomenon is again the depravity of the appetite; the animal eagerly seizing matters improper for nutritive purposes; also an intense thirst, which seems to proceed from inflammation of the fauces and is often attributed to a mechanical cause, to a bone he may have swallowed, etc.

It is, however, at the last period only of the disease that the foaming at the mouth is seen, although this is popularly regarded as an infallible sign of rabies. At an early stage, on the contrary, the mouth and throat are dry; in consequence of the paralysis of the muscles of the pharynx, which succeeds the angina of rabies, the saliva, the deglutition of which is rendered impossible, mechanically flows from the mouth.

But there is an unmistakable sign, which is never forgotten by those who have once heard it, it is the *howling of the rabid animal*. The voice of the mad dog undergoes a special modification, which conclusively points to the diagnosis. Nothing is more convincing than the following fact, related by Mr. Bouley :

“ One Sunday, two pupils returning to the School (Veterinary) of Alfort, at nine o'clock in the evening, heard the howling peculiar to rabies, which proceeded from a watch-dog in a neighbouring house. They hastened to apprise its master of the impending danger. Fortunately the dog was still chained up, and was not released that night. On the following morning he was taken to the school, and pronounced to be rabid, to the great astonishment of its owner, who could not believe that this animal, *still as docile, as caressing and obedient* as in health, was attacked with so terrible a disease. The presence of mind of these pupils doubtless prevented great misfortunes; had it not been for their interposition, this dog, which was of a large size, would have been let loose, perhaps have escaped, and might have occasioned many accidents in the surrounding country. ”

In this instance, the diagnosis reposed on the mere sound of the voice

and was accurate. Mr. Samson, then a pupil of the School, saw, some few days after, the same dog die with all the symptoms of rabies.

— We extract the following from the *Gazette médicale* :

A young female, aged 18, feeling unwell, was induced to consult, at Marseilles, a mesmerist, whom she daily visited. Four months and a half after, having discovered that she was pregnant, she lodged a complaint with the magistrates, who appointed Dr. Cotte, Rector of the School of Medicine, and Dr. Broquier for the purpose of ascertaining if she was really enceinte, the period of conception, and moreover to examine whether mesmeric sleep is capable of inducing a sufficient degree of unconsciousness to allow of a rape being perpetrated.

The commissioners declared that the complainant was gravid, that impregnation had taken place from four months to four months and a half previously, and further, grounding their argument upon a report read to the Academy of Medicine of Paris by Dr. Husson in 1831, concluded that the fact of perfect unconsciousness to the most acute pain during mesmeric sleep being undoubtedly demonstrated, it appears but rational to infer that the ravisher might have effected his purpose without any participation of the will of the complainant, and entirely without her knowledge.

This opinion was also shared in by Mr. Devergie, who was consulted on the point.

— Dr. Pereire expresses considerable doubt as to the anti-hemorrhagic virtues of ergot of rye. Many practitioners, however, seem to have used this drug with good effect in hemorrhage from various organs. Mr. Mac Donough, of Dublin, in a communication we have recently received, states that he has found the following formula highly successful in hemoptysis :

| | |
|-----------------------------------|------------|
| R. Pulv. Secal. Cornuti | 1 drachm. |
| Acid. Tannici | 12 grains. |

Divide into twelve powders : three to be taken during the day.

— The General Council of the Association of the medical practitioners of France held on the 28th June one of its quarterly meetings, Mr. Rayer in the Chair.

The Secretary General presented a statement of the present situation of the Association and of its progress since the 31st October last. The total number of local societies admitted in the General Society was, on the 28th June, 46, embracing 39 departments. The Council testified its

gratification at the valuable acquisitions made by the General Association among the societies previously existing, and especially at the reception of the Association of La Haute-Garonne, La Charente, L'Isère and Le Rhône.

After this statement, from which it appeared that the capital possessed by the Association exceeds 800*l.*, the Council proceeded to elect a member of the judicial and administrative council to replace Mr. Bethmont, lately deceased. Mr. Matthieu, barrister-at-law of the Imperial Court, was elected without a dissentient voice.

On the motion of Mr. Paul Andral, who convinced the meeting of the utility to the General Association of a counsel among the barristers of the Council of State and the Court of Cassation, Mr. Bosviel was unanimously elected.

— At a recent conference held at the Military Hospital at Liège, Mr. Decondé observed, with regard to the singular phenomenon of nocturnal pain in diseases of the eye, that syphilitic pains occurred generally between eleven at night and one in the morning, rheumatic pains at an earlier hour, and neuralgia in the course of the evening. Hence the hour at which the suffering is complained of, may form a not unimportant element of the diagnosis and assist in discriminating syphilitic, fibrous, and nervous ophthalmia from each other.

— The *Écho Médical* relates that a woman, who twice already had been obliged to undergo an operation for the removal of a polypus of the nose, again consulted Dr. Moller for a return of the growth. As she was far advanced in pregnancy, Dr. Moller was reluctant to have recourse to surgical measures, and having casually mentioned the case to a fellow-practitioner, was advised by him to try the effects of the local application of a decoction of savin, which had proved successful in the hands of a peasant. After the confinement of his patient, Dr. Moller prepared a decoction of one drachm of savin in three or four ounces of water, and with this lotion, bathed the polypus several times a day, and a complete cure was promptly effected. The editor of the *Zeitschrift (Nat. u. Heilk. in Ungarn, 1859, No. 5)* remarks on the striking analogy between savin and arbor vitæ (thuja) and polypus and condylomata.

— We read in the *Gazette des Hôpitaux*:

Mr. Hervieux communicated to the *Société de Médecine pratique* the case of a patient who, in consequence of the sudden disappearance of an eruptive disease, was seized with orthopnoea. Suffocation being imminent, mustard-poultices were applied to the legs, and no hope being entertained of the prolongation of life, the attendants omitted to remove them. After

an interval of several hours, animation appeared to return, the poultices were withdrawn, not however before they had produced extensive eschars, and the patient recovered. The sores were a long time healing.

Mr. Hervieux related another instance of the same kind: A lady, suffering from chronic eczema of the legs, with an habitual discharge, was much wet in a storm, and the eruption disappeared.

A severe pneumonia followed, attended with orthopnea and imminent suffocation. The patient was at the point of death, when both legs were liberally covered with antimonial ointment, which, in the space of ten hours, occasioned considerable swelling of the extremities; respiration became easier, the eczema returned, and a complete recovery speedily followed.

— Dr. Rousse, of Bagnères de Bigorre, forwards to the same Journal the following case: —

A male child, to all appearance well developed, was born on 15th April, 1860, and slept for thirty hours after his birth. Efforts were then made to give him a little water, but the jaws were so tightly closed that these attempts proved unavailing. Slight convulsions were also present. The mother, a highly intelligent woman, who already had nursed four children, remarked that the infant had not yet passed water. On examination, the foreskin was discovered to be imperforate, and the bladder distended. The prepuce was punctured with a lancet, and the meatus was found to be completely closed. It was pierced with a sharp probe, and a copious discharge of urine followed. This fluid was highly albuminous. The infant was soon entirely restored.

— The presence or absence of water, or frothy mucus in the lungs of persons who have died by drowning, has given rise, from Haller downwards, to much controversy. Mr. Beau, physician of the Hospital of La Charité, has recently instituted on the subject an interesting experimental inquiry, which we find in the *Archives Générales de Médecine* for July, 1860.

From these researches, it would appear that animals kept completely immersed under water make one inspiration only, and sometimes none whatever. This gasp is followed by the expiration of a certain quantity of air of which a corresponding amount of water takes the place. The glottis then closes convulsively, and no more water is admitted. The instinctive cessation of all respiratory movements, and the spasmodic constriction of the glottis would, therefore, account for the smallness of the quantity of fluid which penetrates into the lungs.

The imperative admonition of the necessity of ceasing all efforts of respiration is, according to Mr. Beau, the result of the natural orifices of the air-passages being kept under water. Thus when, in another series

of experiments, dogs, after tracheotomy, were immersed up to the neck only, the artificial orifice of the trachea being kept below the level of the liquid, inspiration was repeated in successive gasps until the bronchi became entirely filled.

From these experiments, Mr. Beau concludes :

1. The small quantity of frothy mucus found in the lungs of the drowned cannot be regarded as the cause of death, which is due to the interception of air.

2. Penetration of water into the air-passages is prevented by the spasmodic closing of the glottis and the instinctive cessation of all efforts at respiration.

3. The mechanism of asphyxia by drowning differs materially from that which is observed in accumulation of morbid secretions within the chest, as in pulmonary catarrh, for instance ; it presents, on the contrary, much analogy with the manner in which death is brought on in tetanus.

— Surgery in France has just sustained a great loss, which will be severely felt by all those who were acquainted with the intelligence, knowledge and probity of Mr. Lenoir. As Mr. Marjolin said over the grave of his much lamented colleague, Mr. Lenoir was not only a skilful operator, whose experienced talent was based on a profound knowledge of anatomy ; he was likewise and especially a judicious and honest surgeon, less bent on introducing novelty in operations, or on surmounting difficulties than on seizing indications or avoiding dangers. Careless of practice or renown, he showed great aversion to adventurous surgery. His just and severe judgment openly blamed, but never in the dark, certain hazardous doctrines or operations of his fellow-practitioners, even were they his friends.

Among the important publications of this eminent practitioner, we may notice his *Additions to Bichat's Anatomy*, also *Additions to the Surgical section of Roche and Sanson's work*, a memoir on *Bronchotomy*, another on the *Operations practicable on the muscles of the eye*, and various contributions on the subject of obstetrics.

— One of our very eminent fellow-practitioners, Dr. J. L. Saurel, Fellow and Professor of the Faculty of Montpellier, formerly chief editor of the *Revue thérapeutique du midi*, died in that city on the 10th June, in the thirty-fifth year of his age.

For the articles not signed : H. CHAILLOU ,
Chief Editor.

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